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Bib Data Sheet

CONFIRMATION NO. 6718

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|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER 09/890,670 | FILING DATE 08/03/2001 RULE | CLASS 128 | GROUP ART UNIT 3764 | ATTORNEY DOCKET NO. 64251-033 |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|

APPLICANTS

Lars Wild, Bad Salzdetfurth, GERMANY;

** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/DE00/00266 01/29/2000

** FOREIGN APPLICATIONS *****

** SMALL ENTITY **

| | | | | |
|--|--------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY GERMANY | SHEETS DRAWING 1 | TOTAL CLAIMS 17 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

Robert E Muir
 Husch & Eppenberger
 401 Main Street Suite 1400
 Peoria , IL 61602-1241

TITLE

Device for attenuating sound on the human ear

| | | |
|----------------------------|---|---|
| FILING FEE RECEIVED 439 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|----------------------------|---|---|

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 890670 /

IA NUMBER: PCT/ DE00 / 00266 /

FAMILY NAME: WILD /

GIVEN NAME: LARS /

PRIORITY CLAIMED (Y/N): Y /

NO BASIC FEE (Y/N): N /

ATTORNEY DOCKET NUMBER: 64251-033 /

CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX

NAME: ROBERT E MUIR /

HUSCH & EPPENBERGER /

STREET: 401 MAIN STREET SUITE 1400 /

CITY: PEORIA /

STATE/COUNTRY: IL / ZIP: 616021241 /

EMAIL:

APPLICATION TITLES:

DEVICE FOR ATTENUATING SOUND ON THE HUMAN EAR /

TAB TO LAST POSITION, PUSH SEND